MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23

CERTIFICATE OF DEATH

11141

Reg. Diat. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Rural-near Glenn Dale md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 8 mos-29 days

Stay in this community (yrs., or mos., or days): Same - 8 mos-29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County: D.C.

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1832 Biltmore St NW

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Martha Bell

3. (b) Social Security Number: No

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: L. M. Bell

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Jan-6-1897

8. AGE: Years: 42 Months: 10 Days: 16 If less than one day: ____ hrs. ____ min.

9. Birthplace: Ellerbe N.C. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER

12. Name: Calvin B. Bethune

13. Birthplace: Ellerbe N.C.

MOTHER

14. Maiden name: Sarah Gillis

15. Birthplace: Ellerbe N.C.

16. Informant: Deceased

Address: —

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 22-1939 (month) (day) (year)

Cemetery or crematory: Washington D.C.

Location: ____

18. Funeral director: W. W. Chambers

Address: 1400 Chapin St. N.W. Washington D.C.

19. Nov 22 19 39 (Date rec'd by registrar) Leo V. Allender M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22 19 39, at 11 23 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23 19 39, to November 22 19 39, and that I last saw her alive on November 22 19 39

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 18 Mos

Due to: ____

Due to: ____

Other conditions: Empyema mixed right — 1 month

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: Pulmonary Tuberculosis, Empyema

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: Glenn Dale, md.

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DEC 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11142

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Pr. Geo. (93-C) Registration Dist. No. 235

Village or City Suitland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Birkle

(a) Residence: No. Suitland St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Karl Birkle

6. DATE OF BIRTH (month, day, and year) Sept. 18th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jas. Bahlmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Lusen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Josephine Taylor 1123 Franklin St. N. W.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date Dec. 2nd, 1939

19. UNDERTAKER Harry W. Padgett (Address) 131-11th St. S.E. Washington, D.C.

20. FILED 12-30-, 1939 Thos D Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 30th, 1939 (Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1939, to November 30, 1939

I last saw her alive on Nov. 29, 1939; death is said to have occurred on the dete stated ebove, at 5:10A m.

The **PRINCIPAL CAUSE OF DEATH** end releted ceuses of importence were es follows:

	Date of onset
Acute Exacerbation of Chronic Bronchitis	11/3/39
Chronic Myocarditis	?
Other **Contributory Causes** of importance:	
Hypostatic Pneumonia	11/27/39

Neme of operetion Date of

Whet test confirmed diagnosis? Wes there an autopsy? No

23. If death was due to externel causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. H. Clements, M. D.

(Address) 110-13th St. S.E., Washington, D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: 110-13 & 8

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Perilonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 4 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46B)

CERTIFICATE OF DEATH

11143

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Pr. Geos Co.
City or town Westphalia
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 82 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Westphalia (Brown Station Md) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Agnes Louise Bowie

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Allen Perry Bowie
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1857

8. AGE: Years	Months	Days	If less than one day
82	8	22	hrs. min.

9. Birthplace Westphalia Pr. Geo Co. Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
12. FATHER Name Dr. Richard W. Bowie
13. Birthplace Pr. Geo Co Md.
14. MOTHER Maiden name Margavet Weems Somervell
15. Birthplace Pr. Geo. Co. Md.
16. Informant Mrs. James Berry
Address Rte #1, Benning Sta D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-17-39 (month) (day) (year)
Cemetery or crematory Epiphany Epis. Church
Location Forestville, Md.
18. Funeral director Ritchie Brothers
Address Upper Marlboro, Md.
19. NOV 17 39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1939 at 7:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to Nov 15 1939, and that I last saw her alive on Nov. 15 1939.

Immediate cause of death	DURATION
(1) Obstructive Jaundice	2 Weeks
(2) Toxemia	
Due to Adeno carcinoma of Stomach	3 Yrs
Due to	
Other conditions Metastatic carcinoma of liver and Mesentery	5 Months

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Scott Ritchie MD (M. D. or other)
Address Rte 1 Benning Sta D.C. Date signed Nov 15 1939

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BUREAU V. S.

41

11144

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 242

Village or City Maryland Park No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaretta Anna Marie Brown If U. S. Veteran, specify WAR

(a) Residence: No. 713 Pleasant St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Peary Brown

6. DATE OF BIRTH (month, day, and year): Oct 28, 1888

7. AGE: Years 51 | Months 0 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): Nov 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Washington DC

FATHER

13. NAME: August V Keller

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Margaret Keller

16. BIRTHPLACE (city or town) (State or country): Washington DC

17. INFORMANT (Address): Robert P. Brown Maryland Park

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Cem. Md. Date 11-27, 1939

19. UNDERTAKER (Address): T. Frank Murray 74171 St. S.E. Washington DC

20. FILED 11-24, 1939 Irene A. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1937, to Nov 24, 1939

I last saw her alive on Nov 23, 1939; death is said to have occurred on the date stated above, at 10:50 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiovascular renal disease

Date of onset

Other Contributory Causes of importance:

Uremia

~~[illegible]~~ Congestive heart failure

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James S. Boyd M. D.

(Address) Forestville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 4 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

11145

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Fort Foote

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 1 mo

Stay in this community (yrs., or mos., or days) 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Fort Foote Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Inetta Marie Butler

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1939

8. AGE:

Years	Months	Days	If less than one day
	1	8	hrs. min.

9. Birthplace Washington D.C. (Town) county, and state)

Wash D.C.

10. Usual occupation none

11. Industry or business

FATHER

12. Name George E. Butler

13. Birthplace Maryland

MOTHER

14. Maiden name Agnes E. Proctor

15. Birthplace Maryland

16. Informant Agnes E. Butler

Address Fort Foote Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov. 18 1939 (month) (day) (year)

~~Cemetery~~ or crematory Washington, D.C.

Location

18. Funeral director John T. Milner Co.

Address 901 - 3 St. S.W.

19. 11-8 (Date rec'd by registrar) 1939 Harry E. Pyles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1939, at 5:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Inanition	
Due to Improper feeding	
Due to	
Other conditions Prematurity	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other

Address Forestville Md Date signed 11-8-39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11146

Reg. Diat. No. 238

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Orton Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince Geo

City or town Orton Hill, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Loretta Louise Butler

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	col	single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30 - 1939

8. AGE:

Years	Months	Days	If less than one day
	1	27	hrs. min.

8. Birthplace Washington, D. C.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Geo. Butler

13. Birthplace Maryland, Prince Geo. Co.

MOTHER 14. Maiden name Agnes Preston

15. Birthplace Prince Geo. County Md.

18. Informant Mrs. Agnes Butler

Address Orton Hill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 - 28 - 1939 (month) (day) (year)

Cemetery or crematory Orton Hill

Location Orton Hill, Md

18. Funeral director John T. Rhenis

Address 901 3rd St. S. W.

19. 11/27 1939 Harvey E. Fyles

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1939, at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death	DURATION
acute congestive heart failure	
Due to Bronchopneumonia	
Due to Inanition	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other

Address Doctors Building Date signed 11-27-39

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DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

11147

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale San.

Stay in hospital or inst. (yrs., or mos., or days): 1 mo. 27 days.

Stay in this community (yrs., or mos., or days): 1 mo. 27 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Washington D.C. County:

City or town: Washington D.C. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 735 Quincy St. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Augustus Theodore Carney.

3. (b) Social Security Number: 577-05-2416.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	single

B (b) Name of husband or wife:

B(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 6 - 1911

8. AGE:

Years	Months	Days	If less than one day
28	2	4	hrs. min.

9. Birthplace: North Carolina (Town, county, and state)

10. Usual occupation: Kitchen Man.

11. Industry or business: Hotel.

FATHER

12. Name: James Robert Carney

13. Birthplace: North Carolina

MOTHER

14. Maiden name: Daisy Wemaly.

15. Birthplace: North Carolina

16. Informant: deceased.

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov 11, 1939 (month) (day) (year)

Cemetery or crematory:

Location: Washington D.C.

18. Funeral director: Allen & Morrow, Inc.

Address: 1326 U St. N.W. Wash. D.C.

19. Nov 11 1939 (Date rec'd by registrar) De V. Wheeler M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 10 1939, at 8:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 13 1939, to Nov 10 1939, and that I last saw h- alive on Nov 10 1939.

Immediate cause of death	DURATION
Tuberculosis of Lungs.	3 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Danl Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 11/10/39

Glenn Dale, Md.

RECEIVED
NOV 18 1939
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11148

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Seat Pleasant

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 307 Oakmont Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Seat Pleasant Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Roosevelt Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emory W Carrick

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1882.

8. AGE: Years 57 | Months 07 | Days 25 | If less than one day hrs. min.

9. Birthplace Prince Georges Co Md (Town, county and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Wm Ernest Carrick

13. Birthplace Prince Georges Co Md

MOTHER 14. Maiden name Mollie Ward

15. Birthplace Fort Washington Md

16. Informant Percy E Carrick

Address 110 - 67 St Connody Hill Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov. 29, 1939 (month) (day) (year)

Cemetery or crematory

Location Washington, D. C.

18. Funeral director W. W. Chambers Co.

Address 517 - 11th St. S.E. Wash. D.C.

19. 11-29-1939 (Date rec'd by registrar) Irene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1939, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Acute Congestive heart failure — DURATION

Due to Cardio vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did Injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 11-29-39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a) B

CERTIFICATE OF DEATH

11149

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County PRINCE GEORGE
City or town HYATTSVILLE
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
SACRED HEART HOME
Stay in hospital or inst. (yrs., or mos., or days) 2 YRS.
Stay in this community (yrs., or mos., or days) 2 YRS.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County
City or town WASHINGTON Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3426 - 16TH. ST. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME MARGARET A. CARROLL

3. (b) Social Security Number NO

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 28, 1856

8. AGE: Years	Months	Days	If less than one day
83	3	6	hrs. min.

9. Birthplace WASHINGTON D. C. (Town, county, and state)

10. Usual occupation RETIRED GOV'T. CLERK

11. Industry or business

FATHER
12. Name ANDREW CARROLL
13. Birthplace IRELAND

MOTHER
14. Maiden name MARGARET E. WINE
15. Birthplace VA

16. Informant MRS. J. EDWIN YOUNG
Address 3426 - 16TH. ST. N.W. WASH D.C.

17. REMOVAL Date thereof 11/6/39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory MT OLIVET CEMETERY
Location WASHINGTON D.C.

18. Funeral director FRANCIS J. COLLINS Francis J. Collins
Address 3821 - 14TH ST. N.W. WASH. D.C.

19. Nov 5 1939 Mrs Jas Devere
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/4 1939, et M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/8 1939, to 11/4 1939, and that I last saw h alive on 11/3 1939.

	DURATION
Immediate cause of death Generalized arteriosclerosis with general visceral failure	
Due to Accidental fall. cause	
Due to Fracture, neck of right femur. Patient fell getting out of bed	
Other conditions Fracture rt. femur on 10/7/39.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident Date of October 7th 1939
Where did injury occur? Hyattsville, Prince George Co., Maryland
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Sacred Heart Home
Means of injury Fell, getting out of bed Injured at work?

23. SIGNATURE A W Mealon M.D. or other
Address 1611 - 21 ST N. W. Date signed 11/5/39

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BUREAU V. S.

11150

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince George

City or town Upper Marlboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Transient.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Owings Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Ellis Catterton

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1900

8. AGE: Years 39 | Months 2 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace Owings Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name James Samuel Catterton

13. Birthplace Maryland

MOTHER

14. Maiden name Rose Chaney

15. Birthplace Maryland

16. Informant James S. Catterton

Address Owings Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 14, 1939 (month) (day) (year)

Cemetery or crematory M. Harmony Cemetery

Location M. Harmony Md.

18. Funeral director William D. Whitehurst

Address Owings Md.

19. Nov 12 1939 (Date rec'd by registrar) Alex Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1939, at 10:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death Fracture and dislocation of second cervical vertebrae

Due to Compound fracture of right tibia and fibula

Due to Shock.

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 11-11-39

Where did injury occur? Hills Bridge Prgs Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public road

Means of injury Pedestrian struck by a car Injured at work?

23. SIGNATURE James S. Boyd M. D. or other

Address Forestville Md. Date signed 11-12-39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11151

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1yr 2mo 4days
Stay in this community (yrs., or mos., or days): 9 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 513 11th St. S.E.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Cox, Lavina Avoler

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: James Ross Cox
(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 31, 1903

8. AGE: Years	Months	Days	If less than one day
36	—	25	hrs. min.

9. Birthplace: Pikeville, Tenn
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Harrison Simpson
13. Birthplace: Tenn.

MOTHER
14. Maiden name: Mary Annie Davis
15. Birthplace: Tenn.

16. Informant: Hospital record
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov-25-1939 (month) (day) (year)
Cemetery or crematory: Washington DC
Location:

18. Funeral director: W. R. Chambers
Address: 1400 Chapin St. N.W. Wash. D.C.

19. Nov 25 1939 (Date rec'd by registrar) Leo V. Kennedy M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 25 1939, at 12:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 21 1938, to Nov 25 1939, and that I last saw her alive on Nov 25 1939.

Immediate cause of death: Pulmonary tuberculosis — DURATION: 9 years

Due to:

Due to:

Other conditions: Cardiac failure — DURATION: several days
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed 11/25/39
Glenn Dale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

11152

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

1. PLACE OF DEATH:
County Prince G & or G & S.
City or town (If outside city or town limits, write RURAL NEAR and give town) HYATTSVILLE MD.
Street address, hospital, or institution: 117 - CARROLL AVE.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County Prince Georges
City or town (If outside city or town limits, write RURAL NEAR and give town) HYATTSVILLE Ward No.
Street No. 117 - CARROLL AVE. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Paul HENRY CRAVEN.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1932

8. AGE: Years	Months	Days	If less than one day
7	3	10	hrs. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name LEO H. CRAVEN
13. Birthplace WASH. D.C.

MOTHER
14. Maiden name MYRTLE Phillips
15. Birthplace WASH. D.C.

16. Informant L. H. CRAVEN
Address 117 - CARROLL AVE.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10, 1939 (month) (day) (year)
Cemetery or crematory Mt. Olivet
Location Washington D.C.

18. Funeral director W. W. Chambers Co.
Address 918 - Elmslade Ave Hyattsville Md.

19. Nov. 9th 1939 Mrs. Jas. Severe Deputy Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1939, 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death	DURATION
Acute Congestive heart failure	
Due to Acute Nephritis	
Due to Acute appendicitis	
Other conditions Pulmonary edema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy same as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other
Address Forestville Md. Date signed 11-7-39

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BUREAU V. S.

Dr Tom

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

11153

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Pro Georges Co.

City or town Hyattsville Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 13 sheridan ave Hyattsville Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Pro Geo Co.

City or town Hyattsville Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 13 sheridan ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Mary Cullen

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: John Cullen

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): March 15, 1846

8. AGE: Years: 93 years; Months: —; Days: —; If less than one day: hrs. min.

8. Birthplace: Ireland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER: 12. Name: James McPartlain; 13. Birthplace: Ireland

MOTHER: 14. Maiden name: Katherine (unknown); 15. Birthplace: Ireland

16. Informant: Margaret Cullen.

Address: 13 sheridan ave - Hyattsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 20, 1939. (month) (day) (year)

Cemetery or crematory: Mt Olivet Cemetery

Location: Washington D.C.

18. Funeral director: F. Gasch's Sons

Address: Hyattsville Md

19. Nov 18th 1939 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 17, 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 16 1939, to Nov 17 1939, and that I last saw her alive on Nov 17 1939

Immediate cause of death: Fractured femur fell over a rug on floor

Due to: Rock

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Nov 16

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Date of

Where did injury occur? home 13 sheridan (City or town) Hyattsville Md (County) (State)

Injured at home, farm, industry, public place (where?) fell on floor

Means of injury tripped on rug ~~Injured at work?~~

23. SIGNATURE: [signature] M. D. or other

Address: Hyattsville Md Date signed: Nov 18 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

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DEC 5 1939
BUREAU V. S.

11154

STATE OF MARYLAND—CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH

County Prince George's Registration Dist. No. 232

Village or City Upper Marlboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Stillborn mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Stillborn Curtis If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Stillborn

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stillborn

6. DATE OF BIRTH (month, day, and year) Nov 5 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Stillborn			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stillborn

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Upper Marlboro (State or country) Md

FATHER

13. NAME Oliver Curtis

14. BIRTHPLACE (city or town) Upper Marlboro (State or country) Md

MOTHER

15. MAIDEN NAME Rosa Anne Clark

16. BIRTHPLACE (city or town) Upper Marlboro (State or country) Md

17. INFORMANT Nellie Forbes (Address) Upper Marlboro, Md

18. BURIAL, CREMATION, OR REMOVAL Place Upper Marlboro Cemetery Date Nov 6, 1939

19. UNDERTAKER Sydney Forbes (Address) Upper Marlboro Md

20. FILED Nov 6, 1939 Edwin Booth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1939 Stillborn, 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Stillborn	

Other **Contributory Causes** of importance:

Stillborn	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James E. Jarrett M. D.

(Address) Upper Marlboro

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11155

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 245

Village or City N. Brentwood No. 208 Rhode Island St. Ave. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 7 mos. 19 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Bettie Davis If U. S. Veteran, specify WAR ____

(a) Residence: No. Bladensburg Md St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Davis (dec)

6. DATE OF BIRTH (month, day, and year) Sept. 25, 1858

7. AGE 81 Years Months 2 Days 1 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lived with

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Nephew

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Fredricksburg Va. (State or country)

FATHER

13. NAME Mr. — Brooks

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME [redacted]

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Walter Davis (Address) 208 R. I. ave. N. Brentwood Md

18. BURIAL, CREMATION, OR REMOVAL Place Lincoln Cemetery Md. Date 11/29/ 1939

19. UNDERTAKER Ernest Jarvis (Address) 1432 Ann St. N. W. Wash. D.C.

20. FILED Nov. 27 1939 Jas Sevy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1939, to Nov. 27, 1939

I last saw her alive on Nov. 27, 1939; death is said to have occurred on the date stated above, at 3:20 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934

Other Contributory Causes of importance:

Arterio-Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? not

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. W. Spitler M. D.

(Address) Brentwood Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

11156

Reg. Dist. No. 2045

1. PLACE OF DEATH:

County: Prince George County

City or town: Hyattsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): None

Stay in this community (yrs., or mos., or days): 36 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Pro Georgia

City or town: Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 32 Franklin st

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Becker Slove

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie B. Slove

6(c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): 1869

8. AGE: Years: 70 years | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Plasterer

11. Industry or business: same

FATHER

12. Name: Robert J. Slove

13. Birthplace: Westmoreland Ck Va

MOTHER

14. Maiden name: Anne Wells

15. Birthplace: Arundle County Md

16. Informant: George M Slove

Address: 32 Franklin st Hyattsville Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Nov 8, 1939 (month) (day) (year)

Cemetery or crematory: Glenwood Cemetery

Location: Washington D.C

18. Funeral director: E Gasche sons

Address: Hyattsville Md

19. Nov. 7" 1939 (Date rec'd by registrar) Mrs Jas Severe Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 5 1939, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to Nov 5 1939, and that I last saw him alive on Nov 5 1939.

Immediate cause of death: Cancer of stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1 yr

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Thos Lamar M. D. or other

Address: Hyattsville Md Date signed: Nov 8/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CP

11157
293

Reg. Dist. No.

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 27 days
Stay in this community (yrs., or mos., or days): 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3647 New Hampshire Ave., N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ellsworth M. Eastwood

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sardania Hoffman
6(c) If alive, give age: 76 years
7. Birth date of deceased (mo., day, yr.): May 2, 1863

8. AGE:

Years	Months	Days	If less than one day
76	6	6	hrs. min.

9. Birthplace: Delcane, N.Y. (Town, county, and state)
10. Usual occupation: U.S. Government Clerk
11. Industry or business: U.S. Federal Gov't

FATHER
12. Name: Charles Wesley Eastwood
13. Birthplace: N.Y.

MOTHER
14. Maiden name: Evelyn Gillman
15. Birthplace: Unknown

16. Informant: Deceased patient
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 10, 1939 (month) (day) (year)
Cemetery or crematory: Rock Creek Cemetery
Location: Washington D.C.
18. Funeral director: W. W. Feal
Address: 4812 Ga Ave N.W.

19. Nov 9th 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 8 1939, at 8:35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 12, 1939, to Nov. 8 1939, and that I last saw him alive on Nov. 8 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 40 yrs. (from history)
Due to:
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: Nov 8, 1939
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 4 1939
BUREAU Y. S.

Dr Klitz

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

11158

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Pro Georges Co
City or town Berwyn Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mother Jones Rest Home
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Lanham Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Zarish

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife single 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4, 1864

8. AGE: Years 74 Months 11 Days 15 If less than one day hrs. min.

9. Birthplace Lanham Md (Town, county, and state)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Wm F Zarish
13. Birthplace Md
MOTHER 14. Maiden name Marcelina Goggins
15. Birthplace Md.
16. Informant R. A. Downes
Address Lanham Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 21, 1939 (month) (day) (year)
Cemetery or crematory Whitefield Cemetery
Location Lanham Md
18. Funeral director F Gasch's sons
Address Hyattsville Md.
19. Nov. 21 1939 (Date rec'd by registrar) Mrs. Jas Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1938, to Nov 19 1939, and that I last saw her alive on Nov 18 1939.

Immediate cause of death	DURATION
Bronchopneumonia	3 days
Due to	
Due to	
Other conditions Myocardial insufficiency with Myocardial Degeneration (Includes pregnancy within 3 months of death)	Oct 1938 Nov 19 1939

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. Klitz M. D. M. D. or other
Address Hyattsville, Md Date signed 11-19-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11159

1. PLACE OF DEATH (93-C)

County Prince Georges Co Registration Dist. No. 245

Village or City Riggs Road Hyatts No. Md Mother Jones Rest St., Home Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. 1 mos. 4 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Cecelia Fegan

(a) Residence: No. 3307 Upland Terrace St. Ch Ward D C

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: David Stevens Fegan

6. DATE OF BIRTH (month, day, and year): Jan 6 1854

7. AGE: Years 85 Months 10 Days 11 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Winifield Hackman

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Family 3307 Upland Terrace Chevy Chase D.C.

18. BURIAL, CREMATION, OR REMOVAL Place: Wash D.C. Date: 11/17, 1939

19. UNDERTAKER (Address): M. S. Huntemann 5132 Ga Ave. Wash D.C.

20. FILED Nov 17th, 1939 Mrs. Jas. Severe Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov 17, 1939, to Nov 17, 1939. I last saw her alive on Nov 17, 1939; death is said to have occurred on the date stated above, at 3 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation Acute	Nov 17
Chr. myocarditis	7
Arterio Sclerosis	7

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) Martin Kearl M. D.

(Address) Riverdale, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11160

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 yr 2 mos. 5 days
Stay in this community (yrs., or mos., or days) 4 yrs. Washington D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 200 Rhode Island ave N. E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Nationale Guard

3. (a) FULL NAME Edwin F. Field.

3. (b) Social Security Number not given.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife Single
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 14, 1910

8. AGE: Years 29 | Months 9 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace Chicago, Ill
(Town, county, and state)

10. Usual occupation Insurance Clerk

11. Industry or business Insurance

FATHER 12. Name Frank Field
13. Birthplace Chicago, Ill.

MOTHER 14. Maiden name Mary Kasnic
15. Birthplace Chicago, Ill.

18. Informant deceased
Address 200 R.I. ave N. E.

17. Burial (Burial, cremation, or removal. Which?) Date thereof November 9th 1939 (month) (day) (year)
Cemetery or crematory Cedar Hill Cemetery
Location Suitland Rd. Md.

18. Funeral director M. A. Huntemann
Address 5732 Sargent N. W. D.C.

19. Nov 6th 1939 (Date rec'd by registrar) Leo V. Almeida Reg. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5th 1939, at 9 50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 29th 1938, to Nov. 5th 1939, and that I last saw h alive on November 5th 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr 3 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed Nov 5, 1939

Glenn Dale md

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DEC 4 1939
BUREAU V. S.

11161

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince Georges

City or town Upper Marlboro, Rural near
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County P. George

City or town Upper Marlboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha ~~Dell~~ Ford

3. (b) Social Security Number

4. Sex Female

5. Color or race Col

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Richard Ford

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15 1899

8. AGE: Years 59 Months 8 Days 6 If less than one day hrs. min.

9. Birthplace Charles Co Md
(Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name James Forbes
13. Birthplace Charles Co Md

MOTHER
14. Maiden name Martha Bowen
15. Birthplace Charles Co Md

16. Informant Richard B. Ford

Address Upper Marlboro Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 24 1939 (month) (day) (year)

Cemetery or crematory Mt Carmel

Location Upper Marlboro Md

18. Funeral director Andrew J Grimes

Address Aquasco Md

19. Nov 22 1939 (Date rec'd by registrar) Regis Smith Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1939, at 2-25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1935, to Nov 21 1939, and that I last saw her alive on Nov 18 1939.

Immediate cause of death Chronic Nephritis — DURATION 4 year

Due to

Due to

Other conditions Corna — 3 days

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Reverdy Sasscer M. D. or other

Address Upper Marlboro Date signed 11/21/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

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BUREAU V. S.

#0

STATE OF MARYLAND—CERTIFICATE OF DEATH

11162

(3)

1. PLACE OF DEATH

County Pr Geo Registration Dist. No. 2 43

Village or City Glenn Dale No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. ds. How long in U. S. If of foraign birth? yrs. mos. ds.

2. FULL NAME no name Garner If U. S. Veteran, specify WAR

(a) Residence: No. Glenn Dale St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colord	Single

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, end yaar) Nov 6- 39

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
Born dead	—	—	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. /

10. Date deceased lest worked at this occupetion (month and yeer) /

11. Total time (yaars) spent in this occupation /

12. BIRTHPLACE (city or town) (State or country) Glenn Dale md

FATHER

13. NAME Herman Garner

14. BIRTHPLACE (city or town) (Steta or country) Md

MOTHER

15. MAIDEN NAME Mary E. [illegible] Boss

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carrie Williams

(Address) Glenn dale md

18. BURIAL, CREMATION, OR REMOVAL

Place Data , 19

19. UNDERTAKER

(Address)

20. FILED , 19 W. L. Trott

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Born dead Nov (Month) 6th (Day), 193[illegible] (Year)

22. I HEREBY CERTIFY, That I attend / deceased from Saw body Nov 6, 1939

I last saw h[illegible] alive on , 19 ; daath is said to have occurrad on the date stated abova, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Born dead.	
Premature birth	

Other **Contributory Causes** of importanca: /

Name of operetion Date of

What test confirmed diagnosis? Was there an autopsy?

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Wes diseasa or injury in any way related to occupation of deceasad? no

If so, specify

(Signed) James H. Trott M. D.

(Address) Glenn dale md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

11163

STATE OF MARYLAND
CERTIFICATE OF DEATH

#(2) (8)

1 PLACE OF DEATH

County Pr Geo

Registration Dist. No. 243

Village or City Glenn Dale Md (No. ..... St.: ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME No name Garner Born Dead

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colord

5 SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH: Nov (Month) 6 (Day), 1939 (Year)

7 AGE: Born dead ..... yrs. ..... mos. ..... ds. If LESS than 1 day ..... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed or (employer) .....

9 BIRTHPLACE (State or country): Md. Pr Geo Co

PARENTS

10 NAME OF FATHER: Herman ~~Garner~~

11 BIRTHPLACE OF FATHER (State or country): md

12 MAIDEN NAME OF MOTHER: Mary E Roso

13 BIRTHPLACE OF MOTHER (State or country): md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carrie Williams

(Address) Glenn Dale md

15 Filed ..... 192 W. L. Trott Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 6 (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Viewed 192 to Body after born 192 ..., that I last saw h ..... alive on ....., 192 ..., and that death occurred on the date stated above, at ..... m.

The CAUSE OF DEATH * was as follows:

Premature birth

Born Dead

..... (Duration) ..... yrs. ..... mos. ..... ds.

Contributory Secondary .....

..... (Duration) ~~..... yrs.~~ ..... mos. ..... ds.

(Signed) James H Truitt M. D.

Nov 6 1939 (Address) Glenn Dale md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State, ... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL ....., 19 ....

20 UNDERTAKER | ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation– Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additioual line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statements of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence, etc. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 4 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94E)

11164

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George

City or town East Columbia Park
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 26 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town East Columbia Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World

3. (a) FULL NAME Ralph Joseph Garner

3. (b) Social Security Number "NONE" U. S. Government Employee

4. Sex male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1894

8. AGE: Years 45 Months 7 Days 22 If less than one day hrs. min.

9. Birthplace Washington N.C.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business U. S. Government

FATHER
12. Name George T. Garner
13. Birthplace Virginia

MOTHER
14. Maiden name Hannah Breen
15. Birthplace Washington N.C.

16. Informant George T. Garner
Address East Columbia Park

17. Burial Date thereof Nov. 6, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Arlington National Cemetery

Location Arlington, Virginia

18. Funeral director Francis Gasch's Sons

Address Hyattsville, Md.

19. Nov 5 1939 F. Mu Norgk
(Date rec'd by registrar) LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1939, at 12:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h elive on 19 .

Immediate cause of death Acute Congestive heart failure Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 11-3-39

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CB 11165

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 3 mo. 21 d.
Stay in this community (yrs., or mos., or days): 3 mo. 21

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 39 Mass. Ave. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Clara Granberry

3. (b) Social Security Number: None

4. Sex: female
5. Color or race: colored
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of ~~husband~~ or wife: James Granberry
6(c) If alive, give age: 32 years
7. Birth date of deceased (mo., day, yr.): Jan 25, 1911

8. AGE: Years: 28 Months: 9 Days: 24 If less than one day: ___ hrs. ___ min.

9. Birthplace: Troy Alabama (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER
12. Name: General Grimmo
13. Birthplace: Alabama
MOTHER
14. Maiden name: Annie Johnson
15. Birthplace: Alabama
16. Informant: deceased
Address:
17. burial (Burial, cremation, or removal. Which?) Date thereof: Nov 24 1939 (month) (day) (year)
Cemetery or crematory: Woodlawn Cemetery
Location: Washington D. C.
18. Funeral director: M. J. Malvan
Address: 424 R St N W Washington D C
19. Nov 19th 1939 (Date rec'd by registrar) Leo V. Kline Jr. M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 18 1939, at 12 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1939, to Nov 18 1939, and that I last saw her alive on Nov. 18 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2 yrs.
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed:
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

CERTIFICATE OF DEATH

11166

Reg. Dist. No. 2-30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Branchville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Branchville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Railroad Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillian May Graves

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Howard Graves
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14, 1902 JSB.

8. AGE:

Years	Months	Days	If less than one day
JSB 27 ~~29~~	1	10	hrs. min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Clive Perry
13. Birthplace Kentucky

MOTHER
14. Maiden name ~~—~~ Justice
15. Birthplace Kentucky

16. Informant Howard Graves
Address Branchville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 29 1939 (month) (day) (year)
Cemetery or cremetory Ft. Lincoln Cemetery
Location Bladensburg, Md.
18. Funeral director W. W. Chambers Co.
Address Riverdale Md.

19. Nov-28-1939 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1939, at 1:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19...,
and that I last saw h... alive on ..... 19...

Immediate cause of death	DURATION
Congestive heart failure	
Due to Acute hemorrhagic nephritus: Physician unable	
Due to to assign any primary cause. JSB	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D Boyd (M. D. or other)
Address Forestville Md. Date signed 11-27-39

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DEC 5 1930
BUREAU V. S.

11167

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Prince George Registration Dist. No. 238

Village or City Oxon Hill No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Washington Green If U. S. Veteran, specify WAR

(a) Residence: No. Anacostia D.C. R#4 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Green

6. DATE OF BIRTH (month, day, and year) Nov 10 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupation (month and year) July 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Maryland

FATHER

13. NAME Frank Washington

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Marian (unknown)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Address) Joseph Green Anacostia D.C. R#4

18. ~~BURIAL, CREMATION,~~ OR REMOVAL Place Washington D.C. Date 11/3, 1939

19. UNDERTAKER (Address) John T. Rhines & Co. 901-3 St. S.W. Wash. D.C.

20. FILED 11/3, 1939 Harvey E. Pyles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1939, to Nov 3, 1939

I last saw her alive on Nov 2, 1939; death is said to have occurred on the date stated above, at 8:10 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with paralysis of rt side of face and left side of body	Sept 30 1939

Other Contributory Causes of importance:

Chronic Interstitial Nephritis with Hypertension	Unknown

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Paul C. Van Natta M. D.

(Address) Bennings D.C. R#1.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

DENVER
DEC 5 1939
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

CERTIFICATE OF DEATH

11168

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges.
City or town Glenn Dale md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days) 3 mos 16 days.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1237 Walter Pl SE
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Luvenia Greenfield

3. (b) Social Security Number not given

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

B (b) Name of husband or wife John Greenfield
6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1891

8. AGE: Years 48 | Months 2 | Days | If less than one day hrs. min.

9. Birthplace Charles Co. Md
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name John Dyer.
13. Birthplace Charles Co. Md.

MOTHER 14. Maiden name Molly Dyer
15. Birthplace Charles Co Md

16. Informant Deceased
Address 1237 Walter Pl. S.E.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 28/39 (month) (day) (year)

Cemetery or crematory Mt. Olivet
Location Washington D.C.

18. Funeral director George A. Bellter Sons
Address 1203 Walter Pl. S.E.

19. Nov 25 1939 (Date rec'd by registrar) Leo V. McMeiden M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25th 1939, at 9 50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 9th 1939 to Nov. 25th 1939, and that I last saw h alive on Nov 25th 1939

Immediate cause of death	DURATION
Pulmonary Tuberculosis	10 mos.
Due to Tuberculous Enteritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Lee Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 11/25/39

Glenn Dale, md.

RECEIVED
DEC 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11169

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (9201)

County Prince Georges Registration Dist. No. 240

Village or City Brandywine No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Randolph Helmsley

(a) Residence: No. Brandywine Rud St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Helmsley

6. DATE OF BIRTH (month, day, and year): Oct 19 1865

7. AGE: Years 74 | Months | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 3 years

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) Howard Race

(State or country) St Marys Co. Md

FATHER

13. NAME Henry Helmsley

14. BIRTHPLACE (city or town) St Marys Co

(State or country) Md

MOTHER

15. MAIDEN NAME Harriet ?

16. BIRTHPLACE (city or town) St Marys Co

(State or country) Md

17. INFORMANT Annie Mayhew

(Address) Brandywine Md

18. BURIAL, CREMATION, OR REMOVAL

Place Rosaryville Md Date Nov. 11, 1939

19. UNDERTAKER Hewitt & Ryon

(Address) Waldorf, Md

20. FILED Nov. 9, 1939 F. H. Billingsley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 8 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sep. 1933, to Nov 8, 1939

I last saw him alive on Nov 7, 1939; death is said to have occurred on the date stated above, at 4 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Indefinite
mitral Stenosis	

Other Contributory Causes of Importance: Mitral regurgitation 1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John E. Bowen M. D.

(Address) Brandywine Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75)

CERTIFICATE OF DEATH

11170

Reg. Dist. No. 240

1. PLACE OF DEATH:
County Prince Georges
City or town Brandywine
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Brandywine Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Aquilla Henson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	widowed

6 (b) Name of husband or wife unknown
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 53 | Months | Days | If less than one day hrs. min.

9. Birthplace Prince Georges Co. Md
(Town, county and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name ——— Henson
13. Birthplace Maryland.

MOTHER 14. Maiden name Fannie ———
15. Birthplace Maryland

16. Informant Raymond Hunt.
Address Washington D.C.

17. Nov 29-39 (Burial, ~~cremation~~, or removal. Which?) Date thereof Nov 29, 1939 (month) (day) (year)

Cemetery or crematory A. M. E. Cemetery
Location T. B. Md.

18. Funeral director Burtt & Ryon
Address Waldorf Md

19. Nov 28 1939 (Date rec'd by registrar) F. W. Billingsley Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1939, at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

	DURATION
Immediate cause of death Exposure to cold.	
Due to Alcoholism.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 11-26-39
Where did injury occur? Brandywine (City or town) Pr Geo (County) Md (State)
Injured at home, farm, industry, public place (where?) Store Porch.
Means of injury Exposure Injured at work? No

23. SIGNATURE James J. Boyd M. D. or other
Address Forestville Date signed 11-28-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 2 1909
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11171

93-C

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 245

Village or City near Hyattsville, Md No. Mother Jones Rest Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 5 mos. 0 ds. How long in U.S. if of foreign birth? — yrs. 0 mos. ds.

2. FULL NAME Annie E. Hipkins

(a) Residence: No. College Park, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) February 9, 1856

7. AGE Years 83 Months 8 Days 12 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Nurse

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles Hipkins

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary A. Clark

16. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md

17. INFORMANT (Address) Lillie Mae Burgess Hyattsville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place ~~Washington DC~~ Burial Mt Zion Cemetery Bethesda Md Date Nov 22, 1939

19. UNDERTAKER (Address) Deal Funeral Home 4812 Georgia Ave N.W.

20. FILED Nov. 22, 1939 Mrs. Jas. Devere Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 1933, to November 21, 1939

I last saw her alive on recently, 19; death is said to have occurred on the date stated above, at 9:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Several years
Other Contributory Causes of importance: Arteriosclerosis	Several years

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) W. Allen Griffith M. D.

(Address) Bergen, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

11172
Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince George
City or town Rural Near Glenn Dale Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 Yr - 5 mos - 10 days
Stay in this community (yrs., or mos., or days) Same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County —
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2713 P. St N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary Margarette Johnson

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) 11/13/20 -

8. AGE: Years 18 | Months 11 | Days 27 | If less than one day — hrs. — min.

9. Birthplace Washington DC (Town, county, and state)
10. Usual occupation None -
11. Industry or business —
FATHER
12. Name Wm Johnson
13. Birthplace Washington DC.
MOTHER
14. Maiden name Beatrice Colbert
15. Birthplace Washington DC.
18. Informant Deceased.
Address —
17. Removal (Burial, cremation, or removal. Which?) Date thereof 11/10/39 (month) (day) (year)
Cemetery or crematory
Location Washington, D. C.
18. Funeral director G. W. Lewis
Address 2053 Georgia Ave., N.W.
19. Nov. 10 1939 (Date rec'd by registrar) Leo V. Alexander M.D. Wash., D.C. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1939, at 12:43 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/30 1938, to 11/10 1939, and that I last saw her alive on 11/10 — 1939.
Immediate cause of death Pulmonary Tuberculosis — DURATION 1 year 11 months
Due to —
Due to —
Other conditions none.
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed 11/10/39
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11173

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County Prince George
City or town Fairmount Heights
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 5930-Wilson Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 29 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Fairmount Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 5930-Wilson Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Edward Jordan

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Adell Wilson (Jordan) 6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) July 12, 1880

8. AGE: Years 59 | Months 3 | Days 29 | If less than one day ____hrs. ____min.

9. Birthplace Amherst, Va.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business D.C. Govt.

FATHER 12. Name Jackson Jordan
13. Birthplace Amherst, Va.

MOTHER 14. Maiden name Mary Jordan
15. Birthplace Amherst

16. Informant Mrs. Adell Jordan (wife)
Address 5930-Wilson Rd, Fairmount Hts.

17. (Burial, cremation, or removal. Which?) Date thereof 11/14/39 (month) (day) (year)
Cemetery or crematory Paynes Cemetery
Location
18. Funeral director John T. Stewart
Address 30-H St. N.E.

19. Nov. 11 1939 Irene A. Conner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1939, 2:10 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 15, 1939, to Nov 11, 1939, and that I last saw him alive on Nov 11, 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 weeks
Due to Hypertension and Arteriosclerosis	4 yrs
Due to Chronic Interstitial	3 yrs
Other conditions Nephritis. Hydrocoele	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Harrison C. Belden M.D.
M. D. or other
Address Fairmount Hts. Md. Date signed 11-11-39

NOV 23 1938
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11174

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 2-46

Village or City Brentwood Maryland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Joseph Koppal If U. S. Veteran, specify WAR

(a) Residence: No. 3624 Bunker Hill Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs. Agnes Koppal

6. DATE OF BIRTH (month, day, and year) August 27-1887.

7. AGE Years 52 Months 3 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Floor finisher

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Contractor

10. Date deceased last worked at this occupation (month and year) 11/27/39

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Joseph Koppal

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Catherine McGhee

16. BIRTHPLACE (city or town) (State or country) Hanover County Virginia

17. INFORMANT (Wife) Mrs Agnes Koppal (Md.
(Address) 3624 B. H. Rd. Brentwood

18. BURIAL, CREMATION, OR REMOVAL
Place Ft Lincoln Cem Date 12-1, 1939

19. UNDERTAKER John R. Wright
(Address) Washington D.C.

20. FILED Nov 30, 1939 Harry Kelly M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1939, to 11-28, 1939

I last saw him alive on 11-27, 1939; death is said to have occurred on the date stated above, at 6:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute coronary Occlusion	

Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice D. Rosenberger M. D.

(Address) 3629-34th St. Mt Rainier Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11175

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 10 mos. 26 days
Stay in this community (yrs., or mos., or days): 1 yr. 10 mos. 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: D. C. County: N
City or town: Washington (If outside city or town limits, write RURAL NEAR and give town) Ward No.
Street No.: 711 L St. S.E.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR: no

3. (a) FULL NAME: Robert Lewis

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Viola Lewis
6 (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Jan. 20 - 1900

8. AGE: Years	Months	Days	If less than one day
39	9	27	hrs. min.

9. Birthplace: Cockeysville - Maryland (Town, county, and state)
10. Usual occupation: Truck Driver
11. Industry or business:
FATHER — 12. Name: George A. Lewis
FATHER — 13. Birthplace: Maryland
MOTHER — 14. Maiden name: Ella Jackson
MOTHER — 15. Birthplace: Maryland
16. Informant: Deceased
Address: 711 L St. S.E. - Washington, D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-20-39 (month) (day) (year)
Cemetery or crematory: Rosemont Cemetery
Location: Washington, D. C.
18. Funeral director: Adams & Smart Funeral Directors
Address: 2425 Nichols Ave. S.E.
19. Nov 18 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 17, 1939, at 7:30 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec. 21 1937, to Nov. 17 1939, and that I last saw him alive on Nov. 17, 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 yrs from history
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Pulmonary Tuberculosis

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Lee Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: Glenn Dale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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DEC 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11176

1. PLACE OF DEATH 82-a

County Prince Georges Registration Dist. No. 239

Village or City Laurel No. 407 Main St., Ward

WITHIN CORPORATE LIMITS OF (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 6 mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Edward Martin If U. S. Veteran, specify WAR ___

(a) Residence: No. 407 Main St., Ward. ___ (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ___

6. DATE OF BIRTH (month, day, and year) Nov. 22 1856

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
82	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. no occupation

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. (hired with daughter)

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ___

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ___

17. INFORMANT (Address) Mrs Ruth Ellis (daughter) 407 Main St.

18. BURIAL, CREMATION, OR REMOVAL Place Dog Hill Date Nov. 21, 1939

19. UNDERTAKER (Address) Lloyd Kaiser Laurel Md

20. FILED Nov 21, 1939 Cora E. Wachter Deputy. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 19th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1939, to Nov 19, 1939

I last saw him alive on Nov 17, 1939; death is said to have occurred on the date stated above, at 5:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-19-39

Other Contributory Causes of Importance: Arterio Sclerosis of long standing

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Anemia Ulcer Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ✓, 19___

Where did Injury occur? ✓ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Geo W. Jones M. D.

(Address) Laurel Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

11177

1. PLACE OF DEATH (948)

County Prince George, Registration Dist. No. 245

Village or City Hyattsville No. Sacred Heart Home Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Aloysius B. Mudd If U. S. Veteran, specify WAR ____

(a) Residence: No. Sacred Heart Home St. 916 Mass. Ave. N.W. Wash. D.C. ✓
(Usual place of abode) Ward. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) ____

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Wash. D.C. (State or country)

FATHER

13. NAME Aloysius B. Mudd

14. BIRTHPLACE (city or town) D.C. (State or country)

MOTHER

15. MAIDEN NAME Mary Barbour

16. BIRTHPLACE (city or town) D.C. (State or country)

17. INFORMANT Sister M. Joseph Mudd (Address) Bethesda, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Wash., D.C. Date 11-30-1939

19. UNDERTAKER W. W. Chambers Co. (Address) 1400 Chapin Wash. D.C.

20. FILED Nov. 29, 1939 Mrs. Jas. Severe Deputy Registrar. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1939, to Nov. 29, 1939

I last saw him alive on Nov. 28, 1939; death is said to have occurred on the date stated above, at 8:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	11/29/39
Previous Coronary Occlusion	8/25/39
Other Contributory Causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? E.K.G. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Louis Ross M. D.

(Address) Emergency Hospital Washington, D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ete. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, ete. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 5 1933 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

11178

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 1 yr - 4 mo - 27 d
Stay in this community (yrs., or mos., or days): 1 yr - 4 mo - 27 d

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4304 River Rd - N. W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: NO

3. (a) FULL NAME: Clarence F. Powell

3. (b) Social Security Number: None

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widower

B (b) Name of husband or wife: Rose Powell
B(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 17, 1882

8. AGE: Years: 57 Months: 8 Days: 26 If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D. C. (Town, county, and state)
10. Usual occupation: Butcher
11. Industry or business: Meat Industry

FATHER
12. Name: Harry Powell
13. Birthplace: Washington D. C.

MOTHER
14. Maiden name: Margie Weedon
15. Birthplace: Washington D. C.

16. Informant: Deceased
Address: —

17. Removal. (Burial, cremation, or removal. Which?) Date thereof 11/14/39 (month) (day) (year)
Cemetery or crematory:
Location: Washington D C

18. Funeral director: W. W. Chambers Co
Address: 1400 - Chapin St N. W.

19. Nov 14th 1939 (Date rec'd by registrar) Leo V. Kneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 13 1939, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 1939, to Nov 13 1939, and that I last saw him alive on Nov 13 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 7 yrs. 11 mo.
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Pinicane M D (M. D. or other)
Address: Glenn Dale Sanatorium Date signed: Nov 13, 1939
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 27 1939
BUREAU V. C.

11179

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (210-M)

County Prince George's Registration Dist. No. 234

Village or City Accoheek Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence H. Priddy If U. S. Veteran, specify WAR

(a) Residence: No. Piscataway Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): Feb 4-1884

7. AGE: 55 Years, Months: 9, Days: 14, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: U. S. Gov. Employee

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): ~~Unknown~~ Va.

FATHER

13. NAME: Geo W ~~Unknown~~ Priddy

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Sadie ~~Unknown~~ Wetherall

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): William C. Priddy, Huntington West Va.

18. BURIAL, CREMATION, OR REMOVAL Place: Arlington Va Date: Nov 22, 1939

19. UNDERTAKER (Address): Hunt & Ryon, Waldorf Md

20. FILED: Nov. 22, 1939 Mrs. Alton Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1939, to Nov 18, 1939

I last saw h alive on Dead on arrival; death is said to have occurred on the date stated above, at 5:15P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hemorrhage of left lung caused by puncture of fractures 4 & 5 ribs

Date of onset

Other Contributary Causes of importance: Fractures left tibia secondary anemia

Name of operation: None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Auto Accident Date of injury Nov 18, 1939

Where did injury occur? Accoheek Md (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. On Livingston Road.

Manner of injury: Auto Accident

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James P. Sussex M. D.

(Address) Upper Marlboro, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11180

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (10672)

County Prince Georges Registration Dist. No. 233

Village or City Naylor No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Richardson If U. S. Veteran, specify WAR

(a) Residence: No. 6 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	White	Single

a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 23 - 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 6 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Naylor Md

FATHER

13. NAME John H. Richardson

14. BIRTHPLACE (city or town) (State or country) Naylor Md

MOTHER

15. MAIDEN NAME Mary Ellen Richardson

16. BIRTHPLACE (city or town) (State or country) Croom Md

17. INFORMANT John H. Richardson (Address) Naylor

18. BURIAL, CREMATION, OR REMOVAL Place Upper Marlboro Date Nov 28, 1939

19. UNDERTAKER Ritchie Bros (Address) Upper Marlboro Md

20. FILED Nov 28, 1939 Ernest U. Garner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 26 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1939, to Nov 25, 1939

I last saw her alive on Nov 25, 1939; death is said to have occurred on the date stated above, at 8.25 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any wey related to occupation of deceased? No

If so, specify

(Signed) Wilson H. Gibbons M. D.

(Address) Croom, Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11181

STATE OF MARYLAND—CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

County Prince George Registration Dist. No. 235

Village or City Oxon Hill Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Ridley If U. S. Veteran, specify WAR

(a) Residence: No. Anacostia D.C. R#2 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geneva Ridley

6. DATE OF BIRTH (month, day, and year): Oct 23 1883

7. AGE: Years 56 | Months – | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: at home

10. Date deceased last worked at this occupation (month and year): Nov 2 '39

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Frank Ridley

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Rebecca (unknown)

16. BIRTHPLACE (city or town) (State or country): (Virginia)

17. INFORMANT: Calvin Ridley (Address) Oxon-Hill, Md.

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Washington D.C. Date 11/3/39

19. UNDERTAKER: John T. Robinson (Address) 901-3rd St. S.E. Wash. D.C.

20. FILED 11-3-, 1939 Thos D Geffert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1939, to Nov 3, 1939

I last saw him alive on Nov 2, 1939; death is said to have occurred on the date stated above, at 3:50 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic exudative nephritis with edema. — Date of onset: unknown

Other Contributory Causes of Importance: General Arteriosclerosis — unknown

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul C Van Natta M. D.

(Address) Bennings D.C. R#1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-E)

CERTIFICATE OF DEATH

11182

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George
City or town Hyattsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pr Geo Co
City or town Hyattsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. #3 Greenway drive
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Joseph Schoenbauer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie Schoenbauer
6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Nov 8 1855

8. AGE: Years	Months	Days	If less than one day
84	11	4	hrs. min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Shoemaker
11. Industry or business
FATHER 12. Name Mathew Schoenbauer
13. Birthplace Germany
MOTHER 14. Maiden name Agnes Roble
15. Birthplace Germany
16. Informant Minnie Schoenbauer
Address Hyattsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 14, 1939 (month) (day) (year)
Cemetery or crematory Washington D.C. St Marys Cemetery
Location Washington D.C.
18. Funeral director L Gascho Long
Address Hyattsville Md
19. Nov. 13 1939 (Date rec'd by regiatrar) Mrs. Jas Severe Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10 1938, to Nov 12 1939, and that I last saw him alive on Nov 10, 1939 1939.

Immediate cause of death	DURATION
Cerebral Apoplexy	
Due to	
Due to	
Other conditions Hypertensive Heart disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. Deitz M.D.
M. D. or other
Address Hyattsville, Md Date signed 11-13-39

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DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

D183

Reg. Dist. No. 345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Pro Georges County

City or town: Hyattsville Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 21 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Pro George Co

City or town: Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Eager Rd - Hyattsville Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Perry Seymour

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

B (b) Name of husband or wife: Agnes Seymour — 6(c) If alive, give age: 54 yrs

7. Birth date of deceased (mo., day, yr.): Sept 22, 1881

8. AGE: Years	Months	Days	If less than one day
58 yrs	2	3	____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: John Marshall Seymour

13. Birthplace: England ?

MOTHER — 14. Maiden name: Mary Powder

15. Birthplace: unknown

16. Informant: Mrs Agnes Seymour

Address: Hyattsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 28, 1939 (month) (day) (year)

Cemetery or crematory: Evergreen Cemetery

Location: Bladensburg Maryland

18. Funeral director: Francis Gasch's Sons

Address: Hyattsville Md.

19. Nov. 28" 1939 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 25, 1939 - 19____, at 5.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1. 1939, to Nov 25 1939, and that I last saw h- alive on Nov 25 1939.

	DURATION
Immediate cause of death: Coronary Thrombosis	1939.
Due to: Thrombophlebitis left leg.	1937.
Due to: Generalized Arterio Sclerosis	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wm. Perry Seymour M. D. or other

Address: Riverdale Md Date signed 11/25/39

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DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

11184

Reg. Diat. No. 243

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 11 mos
Stay in this community (yrs., or mos., or days) 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County —
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4720 - 10th St. N. W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Darnell Smith

3. (b) Social Security Number not given

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife Single
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 8th 1908

8. AGE: Years 31 Months 5 Days 6 If less than one day ____ hrs. ____ min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Waiter

11. Industry or business

FATHER 12. Name John Smith
13. Birthplace Wash DC

MOTHER 14. Maiden name Maggie
15. Birthplace Wash DC

16. Informant Dorothy Smith
Address 406 - N.Y. Ave. N.W.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov. 18 1939 (month) (day) (year)
Cemetery or crematory Lincoln Memorial
Location Smithsmet Prince Geo. Co.

18. Funeral director J. B. Johnson
Address Washington D.C.

19. Nov 15 1939 (Date rec'd by registrar) Leo V. DeMeide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14th 1939, at 8 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 3rd 1939, to Nov. 14th 1939, and that I last saw him alive on Nov. 13th 1939

Immediate cause of death Pulmonary Tuberculosis — DURATION 14 yrs.
Due to ____
Due to ____
Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 11/14/39
Glenn Dale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

11185

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County Prince Georges.

City or town Brentwood.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3807 Baker Street.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 28 Years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Prs George co

City or town Brentwood md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3807 Baker st
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Anderson Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male.	White	Married

6 (b) Name of husband or wife Lillie M. Smith.

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Washington, D.C. March 14, 1876

8. AGE: Years	Months	Days	If less than one day
63	7	28	hrs. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual occupation Chauffeur

11. Industry or business

FATHER 12. Name Edward A. Smith.

13. Birthplace Maryland.

MOTHER 14. Maiden name Mary C. Leeman.

15. Birthplace Washington D.C.

16. Informant Mrs Lillie M. Smith (wife)

Address 3807 Baker St. Brentwood, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 14, 1939 (month) (day) (year)

Cemetery or crematory Fort Lincoln

Location Cottage City Md

18. Funeral director F Gaschi Sons

Address Hyattsville Md

19. Nov. 13 19 39 Mrs. Jas. Severe
(Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1939, at 9.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 21 1939, to Nov 12 1939, and that I last saw h- alive on Nov 12 1939.

Immediate cause of death	DURATION
Cardio Renal Vascular	2 yr.
Due to Chronic Nephritis	
Chronic Myocarditis	
Due to	
Other conditions Diabetes	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm H. Norton MD
M. D. or other

Address Mt Rainier Md Date signed 11-12-39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151)

CERTIFICATE OF DEATH

11186

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Edmonston
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Carters Lane
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6611 - Delafield Place
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gustave Adolph Streng

3. (b) Social Security Number 578-03-9844

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nettie Gott Streng
6(c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.): April 2, 1880
8. AGE: Years 59 | Months 7 | Days 20 | If less than one day: hrs. min.
9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual occupation: Millworker
11. Industry or business: Baker & Ross, Wash., D.C.
FATHER 12. Name: Charles Streng
13. Birthplace: Germany
MOTHER 14. Maiden name: Unknown
15. Birthplace: Germany
16. Informant: Mrs. Nettie Streng, 6610 Delafield Pl, Chevy Chase, Md
Address
17. Removal (Burial, cremation, or removal. Which?) Date thereof 11-22-39 (month) (day) (year)
Cemetery or crematory
Location: Bethesda, Md
18. Funeral director: F. Gasch's Sons
Address: Rockville, Md.
19. Nov 22" 1939 (Date rec'd by registrar) Mrs. Jas. Severe, Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22nd 1939, at about 10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
a cute congestive heart failure	
Due to Cardio vascular renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D. Boyd for Dr. M. D. or other
Address Forestville Md Date signed 11-22-39

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (95-E)

11187

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince Georges
City or town: Brentwood
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 3720 Gasch st
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 25 yrs 10 mo 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Pro George
City or town: Brentwood Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 3720 Gasch st
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert Ellsworth Sword

3. (b) Social Security Number

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Un married
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feb 14 1914

8. AGE: Years: 25 Months: 10 Days: 12 If less than one day ____ hrs. ____ min.

9. Birthplace: Brentwood Prince Georges Co Md (Town, county, and state)
10. Usual occupation: Unemployed
11. Industry or business: —

FATHER
12. Name: Edward Emanuel Sword
13. Birthplace: Washington D.C.

MOTHER
14. Maiden name: Gussie Cowan
15. Birthplace: Virginia

16. Informant: Clarence T Sword
Address: 309 R C C Rd Wash D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 15 1939 (month) (day) (year)
Cemetery or crematory: Cedar Hill (Md)
Location: Suitland Md

18. Funeral director: F Gasch's Sons
Address: Hyattsville Md

19. Nov. 13th 1939 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Copy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 12 1939, at 3:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-5- 1938, to 11-12 1939, and that I last saw him alive on 9-8 1939

Immediate cause of death: Acute Cardiac Dilatation — DURATION: 6 hours
Due to: General debility and deformity from birth — 25 yrs
Due to: Congenital idiot — 25 yrs
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: W. B. Moyers M.D. M. D. or other
Address: 3303 Perry St. Lot Rainier Md. Date signed: 11-13-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. S.

11188

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (48)

County Prince Georges Registration Dist. No. 246

Village or City Brentwood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda T. Tolson If U. S. Veteran, specify WAR

(a) Residence: No. 3902-Sheetz ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred C. Tolson Jr

6. DATE OF BIRTH (month, day, and year): Dec. 25, 1877.

7. AGE: Years 61 | Months 11 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): D.C.

FATHER

13. NAME: Miller

14. BIRTHPLACE (city or town) (State or country): D.C.

MOTHER

15. MAIDEN NAME: Luber

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Alfred C. Tolson Jr 3902-Sheetz ave. Brentwood Md

18. BURIAL, CREMATION, OR REMOVAL Place: Forest Glen, Md Date: Nov. 17th, 1939

19. UNDERTAKER (Address): Warner E. Pumphrey 8424-Georgia ave. Silver Spring Md

20. FILED: Nov 16, 1939 Harry Nally M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 15th (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov 1, 1939, to Nov 15, 1939

I last saw her alive on Nov. 15, 1939; death is said to have occurred on the date stated above, at 1:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset

Carcinoma of uterus

Other Contributory Causes of Importance: General Carcinomatosis & Oedema of lungs

Name of operation: Hysterectomy Date of

What test confirmed diagnosis? Routine Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Chester Brady M.D.

(Address) 30 N.Y. Ave. NW

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11189

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George

City or town Hillside
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME Still born, unknown

3. (b) Social Security Number (NONE)

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ____

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Premature

8. AGE: Years | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual occupation ____

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant ____

Address ____

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Nov 9, 1939
(month) (day) (year)

Cemetery or crematory Evergreen

Location Bladensburg, Md

18. Funeral director F. Gasch's Sons

Address Hyattsville Md.

19. Nov. 9 1939
(Date rec'd by registrar)

F. Wm. Norgle
LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19 ____, to ____ 19 ____, and that I last saw h ____ alive on ____ 19 ____.

Immediate cause of death Still born, about 5 months developed.

Due to ____

Due to ____

Other conditions Found along side of road.
(Include pregnancy within 3 months of death)

Major findings:

Of operations 12 inches long.

Of autopsy ____

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE James I. Boyd
M. D. or other

Address Forestville Md Date signed 11-7-39

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DEC 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11190

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (82a)

County Prince George Registration Dist. No. 235

Village or City Meadows, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Viola Mahew Wedding, S. Veteran, specify WAR

(a) Residence: No. Bennings DC. RH 1 St., Ward.

(Usual place of abode) Meadows, Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
Fem	W	married

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Harry Wedding

6. DATE OF BIRTH (month, day, and year) June 10, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	16	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Home

10. Date deceased last worked at this occupation (month and year) Nov 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Prince George Co. Md.
(State or country)

FATHER

13. NAME George W Mahew

14. BIRTHPLACE (city or town)
(Stata or country) Maryland.

MOTHER

15. MAIDEN NAME Mary R Rhelps

16. BIRTHPLACE (city or town)
(Stata or country) Maryland.

17. INFORMANT Mary Ellen Wedding
(Address) Bennings DC RH1

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Date 11-26-, 1939

19. UNDERTAKER W.W. Chamber Co.
(Address) 517 - 11th St. S.E.

20. FILED 11/24, 1939 Thos D Griffith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attandad dacaasad from Aug 6, 1939, to Nov 26, 1939

I last saw her alive on Nov 25, 1939; death is said to hava occurred on the data stated above, at 7.45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:

	Date of onset
Acute Cardiac failure (Fell dead in kitchen after a big breakfast)	11/26/39
Other Contributory Causes of Importance:	
General Arteriosclerosis	unknown
Cerebral Hemarrhage	Aug 6 1939
Cerebral Hemarrhage	1938

Name of operation — Date of

What test confirmed diagnosis? — Was thare an autopsy? No.

23. If death was dua to external causas (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? — Date of injury —, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way relatad to occupation of deceasad? no

If so, specify —

(Signed) Paul C Van Yalla M. D.

(Address) Bennings D.C. RH 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11191

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or Inst. (yrs., or mos., or days) 7 mos
Stay in this community (yrs., or mos., or days) 2 yrs +

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County —
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 124 Rhode Island Ave NW
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George L Wilson

3. (b) Social Security Number not given

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Clarice Wilson
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 21st 1906

8. AGE:

Years	Months	Days	If less than one day
33	1		hrs. min.

9. Birthplace Monroe, La
(Town, county, and state)
10. Usual occupation Barber
11. Industry or business
FATHER 12. Name Augres Wilson
FATHER 13. Birthplace Monroe, La
MOTHER 14. Maiden name Emma Smith
MOTHER 15. Birthplace New Orleans, La
16. Informant deceased
Address 124 Rhode Island Ave NW
17. Removal (Burial, cremation, or removal. Which?) Date thereof 11/22/39 (month) (day) (year)
Cemetery or crematory Delhi, La.
Location —
18. Funeral director McGuire Funeral Service
Address 1820 - 9th st. n.w., Wash. D.C.
19. Nov 22 1939 (Date rec'd by registrar) Leo V. DeMeide Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21st 1939, at 12 PM 55

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20th 1939 to Nov 21st 1939, and that I last saw him alive on Nov 21st 1939.

Immediate cause of death Pulmonary Tuberculosis — DURATION 11 mos
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 11/21/39
Glenn Dale, Md.

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11192

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince Georges

City or town upper Marlboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) about 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince Geo.

City or town upper Marlboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Wilson

3. (b) Social Security Number 214-12-7447

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mary Elizabeth Wilson

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug. 12 1872

8. AGE: Years 67 Months 9 Days 2 If less than one day hrs. min.

9. Birthplace Calvert Co.

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Joshua Wilson

13. Birthplace Calvert Co.

MOTHER 14. Maiden name Margrett Hooks

15. Birthplace Calvert Co

16. Informant Mary E. Wilson

Address upper Marlboro

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov. 17 1939 (month) (day) (year)

Cemetery or crematory Union Cemetary

Location upper Marlboro.

18. Funeral director J. B. Johnson

Address Hyattsville

19. Nov 16 1939 (Date rec'd by registrar) Reuel Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1939, at 8.40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1938, to Nov 14 1939, and that I last saw him alive on Nov 13 1939.

Immediate cause of death Cardio-vascular Renal disease

Due to

Due to

Other conditions Cerebral hemorrhage

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 1 yr

16 days

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Reverdy Sasscer M. D. or other

Address upper Marlboro Md Date signed Nov 16 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CB

11193

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale San.

Stay in hospital or inst. (yrs., or mos., or days): 1 mo. - 21 days.

Stay in this community (yrs., or mos., or days): 1 mo. - 21 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County:

City or town: Wash. D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3035 Military Rd. N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Ellen Wormersley.

3. (b) Social Security Number: none.

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Wm. H. Wormersley

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 8 - 1867.

8. AGE: Years: 72 Months: 0 Days: 2 If less than one day ____ hrs. ____ min.

9. Birthplace: Wash. D.C.
(Town, county, and state)

10. Usual occupation: none.

11. Industry or business

FATHER
12. Name: Charles Francis Fugitt.
13. Birthplace: Va.

MOTHER
14. Maiden name: Laura Eliz. Barron.
15. Birthplace: Va.

16. Informant: deceased.

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 11-10-39 (month) (day) (year)

Cemetery or crematory: Arlington National Cem.

Location

18. Funeral director: S. H. Hines Co. per H. A. Bartlett

Address: 2901 - 14th St. N.W.

19. Nov 10 1939 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 10 1939, at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 1939, to Nov. 10 1939, and that I last saw her alive on Nov 10 1939.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed 11/10/39

Glenn Dale, Md.

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DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11194

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1yr 4mo - 24d

Stay in this community (yrs., or mos., or days): 1 yr - 4 mo - 24d

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1125 Summer Rd. S. E.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Myrtle Young

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept 13, 1913

8. AGE:

Years	Months	Days	If less than one day
26	2	8	hrs. min.

9. Birthplace: Camp Spring, Maryland (Town, county, and state)

10. Usual occupation: Typist

11. Industry or business

FATHER

12. Name: Edward Young

13. Birthplace: T.B. Maryland

MOTHER

14. Maiden name: Rosie Dent

15. Birthplace: T.B. Maryland

16. Informant: Deceased

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 23 1939 (month) (day) (year)

Cemetery or crematory: Rosemont

Location: Wash. D.C.

18. Funeral director: John T. Stewart

Address: 30 H. St. N.E. Wash. D.C.

19. Nov 21 1939 (Date rec'd by registrar) Leo V. Almeida M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 21 1939, at 9:25 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1938, to Nov. 21 1939, and that I last saw h ev alive on Nov. 21, 1939.

	DURATION
Immediate cause of death: Pulmonary Tuberculosis	1 1/2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. (M. D. or other)

Address: Glenn Dale Sanatorium Date signed:

Glenn Dale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11195

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Prince George Registration Dist. No. 23S

Village or City Silver Hill, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 5 mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Helena Christena Ziegler U.S. Veteran, specify WAR

(a) Residence: No Anacostia DC. R#4 St. Ward

(Usual place of abode) Silver Hill, Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED (write the word)
Fem	white	~~Divorced~~ Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Ziegler

6. DATE OF BIRTH (month, day, and year) November 5 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Home

10. Date deceased last worked at this occupation (month and year) June 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Baltimore Co. (State or country) Maryland

FATHER

13. NAME George Sable

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Kafer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eliz. Trautwein (Sister) (Address) 2201-Alsace Ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore Md. Place Jerusalem Date Dec. 2, 1939

19. UNDERTAKER F. Lansdale & Son (Address) 7401 Belair Rd.

20. FILED Nov 30, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 29, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Nov 29, 1939

I last saw her alive on Nov 29, 1939; death is said to have occurred on the date stated above, at 8 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Endocarditis with edema	June 1939

Other Contributory Causes of importance: General Arteriosclerosis Unknown

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Paul C. Van Natta M. D.

(Address) Bennings DC. R#1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Box 5-5-5

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

DEC 22 1930

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN